

# Wisconsin Department of Regulation & Licensing

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## FUNERAL DIRECTORS EXAMINING BOARD REQUEST FOR APPROVAL OF CONTINUING EDUCATION PROGRAM

1. Program Sponsor and Name of Coordinator	
2. Address of Program Sponsor (Street, City, State, Zip Code)	3. Daytime Telephone Number (       )
4. Instructor(s) Name	
5. Program Title	6. Program Date
7. Program Location (City and State)	8. CE Hours Requested
9. Describe under <b>EACH</b> subject category, those areas of the program which are educational for funeral directors. Itemize the number of educational hours for each part of the program. Attach supporting information (i.e., brochure, summary, etc.) <b>Failure to provide required information will delay processing.</b>	
1. Grief Psychology/Communications	3. Business Management/Delivery of Services
2. Professional Conduct/Ethics	4. Technical/Sciences

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10. Educational Objectives of the Program

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11. Method of Instruction (classroom, correspondence, etc.)	12. Number of WI Licensees Participating
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Signature of Program Sponsor

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Date